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CONFIRMATION NO. 9452

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/789,538 | <b>FILING OR 371(c)<br/>DATE</b><br>02/27/2004<br><b>RULE</b> | <b>CLASS</b><br>426 | <b>GROUP ART UNIT</b><br>1761 | <b>ATTORNEY DOCKET<br/>NO.</b><br>HO-P02873US0 |
|------------------------------------|---|---------------------|-------------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/244,259 09/16/2002 PAT 6,896,924

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/19/2004

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|--|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>30 | <b>INDEPENDENT<br/>CLAIMS</b><br>7 |
|--|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|

**ADDRESS**

26271

**TITLE**

Nutritionally complete pet food and method of feeding and manufacturing same

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|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1424 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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